SERFF Tracking Number: UHLC-125817923 State: Arkansas
Filing Company: United HealthCare Insurance Company State Tracking Number: 40246

Company Tracking Number: PORTDET\_081808\_MS-A

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A

Plans

Product Name: Medicare Supplement

Project Name/Number: Detailer - Agent Sales Presentation/PORTDET\_081808\_MS-A

### Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Medicare Supplement SERFF Tr Num: UHLC-125817923 State: ArkansasLH
TOI: MS05G Group Medicare Supplement - SERFF Status: Closed State Tr Num: 40246

Standard Plans

Sub-TOI: MS05G.001 Plan A Co Tr Num: State Status: Filed-Closed

PORTDET\_081808\_MS-A

Filing Type: Advertisement Co Status: Reviewer(s): Stephanie Fowler

Author: Tammy Frederick Disposition Date: 10/13/2008

Date Submitted: 09/16/2008 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Detailer - Agent Sales Presentation Status of Filing in Domicile: Pending

Project Number: PORTDET\_081808\_MS-A

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Large

Overall Rate Impact: Group Market Type: Association

Filing Status Changed: 10/13/2008 Explanation for Other Group Market Type:

State Status Changed: 10/13/2008

Deemer Date: Corresponding Filing Tracking Number:

PORTDET\_081808\_MS-A

Filing Description:

We enclose for your information and review, proof copies of advertising for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously submitted to the Department.

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This agent sales presentation is an invitation to inquire. The policy Form Number GRP79171 GPS-1 will appear in the disclaimer paragraph on the attached presentation. Please note that the component number of the advertisement appears in the bottom left hand corner of the first screen. The code on the lower right hand corner is for production purposes.

### **Company and Contact**

#### **Filing Contact Information**

Susan Cipollo, Director

Susan\_J\_Cipollo@uhc.com

601 Office Center Dr.

(267) 470-1519 [Phone]

Fort Washington, PA 19034

(267) 470-1906[FAX]

**Filing Company Information** 

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut

450 Columbus Boulevard Group Code: 707 Company Type: Health

PO Box 150450

Hartford, CT 06115-0450 Group Name: State ID Number:

(215) 653-8046 ext. [Phone] FEIN Number: 36-2739571

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation: Per Component. 1 Component

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

United HealthCare Insurance Company \$25.00 09/16/2008 22528640

Filing Company: United HealthCare Insurance Company State Tracking Number: 40246

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## **Correspondence Summary**

### **Dispositions**

StatusCreated ByCreated OnDate SubmittedFiled-ClosedStephanie Fowler10/13/200810/13/2008

Filing Company: United HealthCare Insurance Company State Tracking Number: 40246

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## **Disposition**

Disposition Date: 10/13/2008

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: United HealthCare Insurance Company State Tracking Number: 40246

Company Tracking Number: PORTDET\_081808\_MS-A

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Plans

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Item Type Item Name Item Status Public Access

Form Detailer - Agent Sales Presentation Filed Yes

SERFF Tracking Number: UHLC-125817923 State: Arkansas
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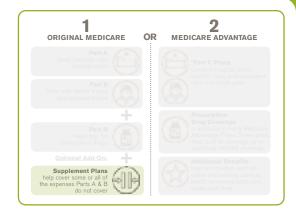
### Form Schedule

Lead Form Number: PORTDET\_081808\_MS-A

Review	Form	Form Type Form Name	Action	<b>Action Specific</b>	Readability	Attachment
Status	Number			Data		
Filed	PORTDET	Advertising Detailer - Agent	Initial			OVAT276-
	_081808_l	M Sales Presentation				02_Med_Sup
	S-A					p_w_All
						others_V3.pdf

# **Understanding Medicare Supplement Plans**

**Medicare Supplement Plans:** 



- Provide additional coverage beyond traditional Medicare to help fill the holes in Medicare Parts A & B
- Help **reduce or eliminate** money you pay out of your pocket for the care you receive (**deductibles**, **co-pays**, **and coinsurance**)
- Are **standardized plans** that are identified by letters A through L (except in Massachusetts, Minnesota and Wisconsin which have different plans and different plan names)
- Are only offered through private insurance companies

PORTDET 081808 MS-A



# What Medicare Supplement Plans Can Do For You

If you want to add more predictability to your health care expenses, a Medicare Supplement Plan may be right for you. Here's what these plans can offer you:

- Help managing out-of-pocket costs
- Freedom to choose any doctor that accepts Medicare
- Virtually no claim forms to file
- **National coverage** so you can use benefits anywhere in the U.S. And if you move, your coverage moves with you.
- Most plans include **foreign travel coverage** for emergency services
- **Guaranteed renewability** meaning the plan automatically renews or is guaranteed to continue from year to year as long as premiums are paid when due
- **30-day "free look"** evaluation period. Full refund of premiums if policy is returned within 30 days of policy issuance.
- Depending on your plan, **special extras** such as pharmacy savings, vision discounts and a 24-hour Nurse Healthline\*

\*These additional services are not insurance programs and may be discontinued at any time.

# What Medicare Supplement Plans Can Do For You

**Our Medicare Supplement Plans:** 

We offer a variety of Medicare Supplement Plans to choose from:



Medicare Supplement Insurance
insured by United HealthCare
Insurance Company



# **Enrollment – Medicare Supplement Plans**

### When can I enroll?



- When you become eligible for Medicare, typically at age 65 AND enroll in traditional Medicare (Parts A & B)
- Some states also allow you to enroll if you are under age 65 and qualify for Medicare on the basis of a disability. You still first must enroll in Medicare Part B.

### **Guaranteed Issue**

- You cannot be denied enrollment in a Medicare Supplement Plan during the first 6 months you enroll in Medicare Part B at 65 years or older or otherwise become eligible for Medicare based on a disability (in some states)
- Some other special events may also qualify you for guaranteed issue such as:
  - Involuntary loss of employer-sponsored coverage
  - Your Medicare Advantage or other Medicare managed care plan is discontinued and/or you move out of the service area
  - Generally, you have 63 days to apply for these types of events

# **Enrollment – Medicare Supplement Plans**

If you want to change your Medicare Supplement Plan



- You can change to a different Medicare Supplement Plan at any time during the year. However, there is no guarantee that you will receive it, unless a guaranteed issue event applies.

### How do I enroll?

- It's Easy!
- **Decide** on the right Medicare Supplement Plan for you
- Complete and submit the appropriate enrollment application

## What happens after I submit an application?

- **Coverage effective date begins** on the date determined by the plan after your complete application is received and you are determined to be qualified to enroll.
- You will get a **member identification card** for your plan
- You will receive a New Member Welcome Kit containing materials pertinent to your plan

If you have questions before you receive your member information, call your sales contact or the number located on your enrollment application.

AARP® Medicare Supplement Insurance Plans: The AARP Medicare Supplement Insurance plans are insured by United HealthCare Insurance Company, Fort Washington, PA (United HealthCare Insurance Company of New York, Islandia, NY for New York residents). **Not connected with or endorsed by the U.S. Government or the Federal Medicare Program**. Policy Form No. GRP 79171 GPS-1 (G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. **This is a solicitation of insurance.** An agent can supply you with complete information including benefits, costs, exclusions and limitations.

AARP Health is a collection of health related products, services and insurance programs available through AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan. AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse individual agents.

SecureHorizons® Medicare Supplement Insurance plans are underwritten by PacifiCare Life and Health Insurance Company or by PacifiCare Life Assurance Company, private insurance companies not connected with or endorsed by the U.S. Government or the Federal Medicare Program. In some states, plans may be available to persons eligible for Medicare by reason of disability. **This is a solicitation of insurance.** A licensed agent may contact you. For specific costs and further details of the coverage, including exclusions, any reductions or limitations and the terms under which the insurance policy may be continued in force, see a licensed agent or write us.

Not all plans available in all states.

- In Colorado: Medicare supplement plans are available to individuals enrolled in Part B and entitled to Part A of Medicare through age or disability.
- In Florida: Policy form numbers: IMS-POL A-3, IMS-POL B-3, IMS-POL C-3, IMS-POL E-3, IMS-POL F-3, IMS-POL FHD-3, IMS-POL G-3
- In North Carolina: Policy is attained age-rated, with rates adjusted annually based on age. Policy Form Numbers: IMS-POL A; IMS-POL C; IMS-POL F; IMS POL FHD; IMS-POL G; IMS POL J.
- In Oklahoma: Policy form numbers: IMS-POL A-1, IMS-POL C-1, IMS-POL F-1, IMS-POL FHD-1, IMS-POL G-1, IMS-POL J
- In Pennsylvania: Policy form numbers: IMS-POL A, IMS-POL B, IMS-POL C, IMS-POL D, IMS-POL F, IMS-POL FHD, IMS-POL G, IMS-POL J
- In Tennessee: Policy form numbers: IMS-POL A, IMS-POL C, IMS-POL F, IMS-POL FHD, IMS-POL G, IMS-POL J
- In West Virginia: Policy form numbers: IMS-POL A, IMS-POL C, IMS-POL F, IMS-POL FHD, IMS-POL G, IMS-POL J

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### **Rate Information**

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